24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		
BELIEVE AGAIN	C C00571711	
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee OnMessage, Inc.	Date of Public Distribution/Dissemination	
	08 04 2015	
Mailing Address 705 Melvin Ave # 105	Amount	
City State Zip Code	16471.00	
Annapolis MD 21401	Transaction ID: 1 Date of Disbursement or Obligation	
Purpose of Expenditure MEDIA Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Suppo	ort Office Sought: House District:	
Bobby Jindal Oppos	se President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 817521.80	Disbursement For:	
Full Name of Payee	Date of Public Distribution/Dissemination	
OnMessage, Inc.	08	
Mailing Address 705 Melvin Ave # 105 Amount		
City State Zip Code	5213.48	
Annapolis MD 21401	Transaction ID : 2 Date of Disbursement or Obligation	
Purpose of Expenditure MEDIA Category/ Type	08 / 06 / 2015	
Name of Federal Candidate Suppo	ort Office Sought: House District:	
Bobby Jindal Oppos	se President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures	21684.48	
(a) SUBTUTAL OF Remized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······· >	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
ROBERT YARBOROUGH [Electronically Filed] Date 08 06 2015		
- 3		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
BELIEVE AGAIN	C C00571711	
Check if 24-hour report X 48-hour report New report Amends report filed on		
	ate of Public Distribution/Dissemination	
OnMessage, Inc.	08 / 04 / 2015	
Mailing Address 705 Melvin Ave # 105	mount	
City State Zip Code	400.00	
Di	ransaction ID: 1_B ate of Disbursement or Obligation	
Purpose of Expenditure MEDIA Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office Sc	ought: House District:	
Bobby Jindal Oppose X Pre	esident Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ment For: X Primary General Other (specify) ▶	
Full Name of Payee D	ate of Public Distribution/Dissemination	
Mailing Address	mount	
City State Zip Code		
Purpose of Expenditure Category/ Type D	ate of Disbursement or Obligation	
Name of Federal Candidate Support Office So	ought: House District:	
Oppose Pro	esident Senate State:	
Calendar Year-To-Date Per Election for Office Sought Disburse	ment For:	
(a) SUBTOTAL of Itemized Independent Expenditures	400.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	22084.48	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
ROBERT YARBOROUGH [Electronically Filed] Date 08	06 2015	
organization — — — — — — — — — — — — — — — — — — —		